

Transformation Accountability (TRAC)
Center for Mental Health Services

**NOMS Client-level Measures for Discretionary
Programs Providing Direct Services**

**OUTCOME MEASURES REPORT GUIDE
For PBHCI**



December 2013
Version 3

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GENERAL OVERVIEW

This report guide provides information on how to run and use the outcome report for the data reported in Section H for NOMs Client-level Measures (Services Activities) for all available active grants within the Primary and Behavioral Health Care Integration (PBHCI) program. The report compares Baseline interview information to later interviews (first Reassessment, Discharge, or the consumer's most recent interview). Depending on your role, the report can be run for one single grant, for multiple grants, or for all grants. Individual client level data are not reported.

SECTION A: KEY TERMS

Consumer: A consumer is a person who is actively receiving or has received services from a CMHS funded program.

Federal Fiscal Year (FFY): The federal fiscal year is the accounting period of the federal government. A Federal Fiscal Year begins on October 1 and ends on September 30 of the next calendar year. Each FFY is identified by the calendar year in which it ends and commonly is referred to as "FFY". For example, FFY2011 began October 1, 2010, and ends September 30, 2011.

Federal Fiscal Year (FFY) Quarter: The Federal Fiscal Year is divided into four quarters:

- 1st Quarter: October 1st – December 31st
- 2nd Quarter: January 1st – March 31st
- 3rd Quarter: April 1st – June 30th
- 4th Quarter: July 1st – September 30th

Role: Your role in the TRAC system governs what you can view in the system. Roles may include project director, grantee staff, and government project officer (GPO). The general rule of thumb is that you can run reports for the grant(s) and/or grant program(s) you are associated with. For example, most grant project directors or grantee staff are associated with just one grant and would only see data for the one grant they are associated with.

SECTION B: RUNNING THE REPORT

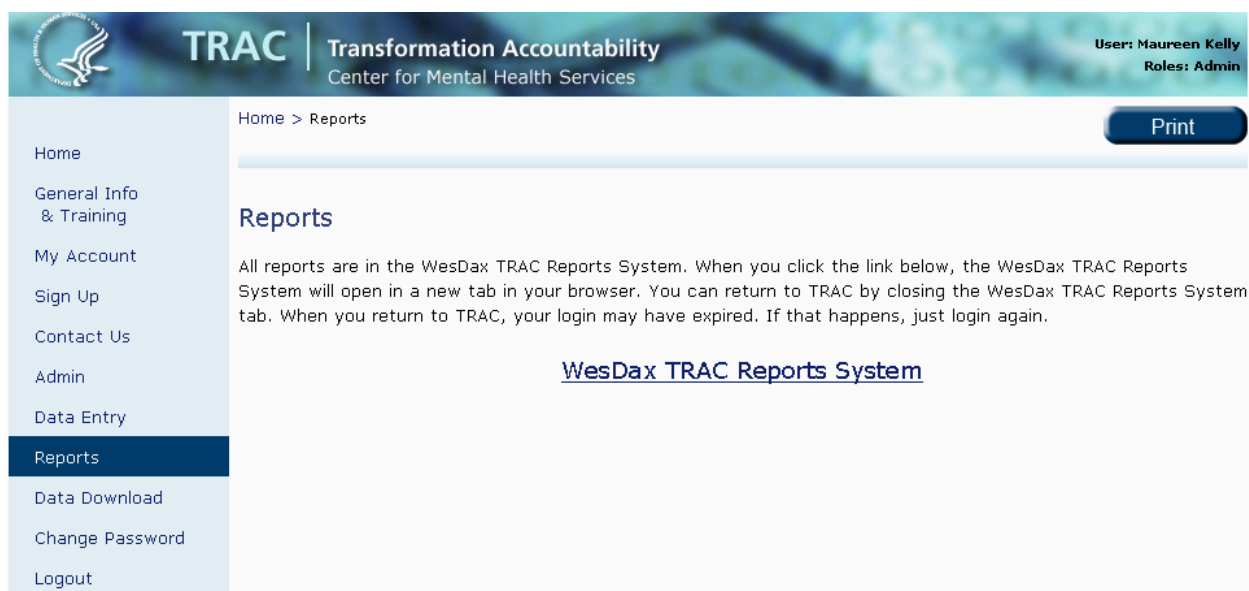
There are three steps in running the **Outcome Measures Report (PBHCI only)** in the TRAC system. They are:

1. Navigate to the Outcome Measures Report (PBHCI only).
2. Select the criteria for the report you wish to view.
3. View the report.

Step 1: Navigate to the Outcome Measures Report (PBHCI only)

Select “Reports” on the homepage from the left menu bar.

- Select the link for WesDax TRAC Reports System in the middle of the screen. The WesDax TRAC Report System will open in a new browser tab.



The WesDax TRAC Reports system is shown below. Select “Services Outcome Measures (PBHCI only)” on the left menu. A submenu will appear. Choose whether you want to run the program by Program List or Grant List.

- The Program List will run the report by the PBHCI Program.
- The Grant List allows you to run the report for all grants or specific grants (based on your access).



NOTE: To run a default report, click “View”.

You can skip step 2, selecting the criteria for your report. You only need to select criteria if you want to customize your report by sorting or filtering it.

Step 2: Select the Criteria (Optional)

You can set several criteria for the Outcome Measures Report (PBHCI only). These criteria specify what data will be included in your report. To set criteria, use the pull-down menus to make your selections.

The following report criteria are available and are described in more detail below.

- A. Report By
- B. Grant Status
- C. Federal Fiscal Year
- D. Federal Fiscal Year Quarter
- E. Assessment
- F. Data Collection Status
- G. Population
- H. Region
- I. State
- J. Program or Grant

A. Output as

You can have the report output in HTML, PDF, RTF or Excel. The default is PDF.

B. Report By

You can produce a report by the following options: All Combined; By Program; or By Grant. The default is All Combined.

- All Combined – data for the selected program(s) or grant(s) are collapsed into one table.
- By Program – data for the selected program(s) or grant(s) are displayed in one table per program.
- By Grant – data for the selected program(s) or grants(s) are displayed in one table per grant.
- By State- data for the selected state are collapsed into one table.
- By Region- data for the selected region are collapsed into one table.

C. Grant Status

You can run the report for active grants or all grants. Active grants includes on grants that have not yet ended. “All Grants” includes grants that have ended. The default is active grants.

D. FFY- Federal Fiscal Year

You can run the report by one Federal Fiscal Year or All Years Combined. The default selection is All Years Combined.

E. FFY- Quarter

You can run the report for all quarters or for a specific quarter. A quarter can be displayed for either one particular year or all years combined, depending on the selections you have made for Federal Fiscal Year.

F. Assessment

You can compare baseline to one of four different assessments with the Outcome Measures Report (PBHCI only). The options are:

- From Baseline to 6-Month Reassessment Interview
 - This is the default selection. It compares baseline records to the first 6-month reassessment. Since change is most likely to occur between baseline and the first reassessment, this report is likely to show the most change.
- From Baseline to most recent interview
 - This option compares Baseline to the most recent record *with section H data*, which might be a Reassessment or a Discharge record.
- From Baseline to Discharge Interview
 - This option compares Baseline to the Discharge record.

G. Data Collection Status

You can run the report for assessments that were done within the reassessment window, or for all assessments. The default is within the window.

H. Population

You can filter the report by specific populations. The available population filters are: Gender, Hispanic/Latino, Race, Age group, Military Service, Trauma, and Housing.

The default is “No filter selected” which will produce a report with all consumers included.

To filter the report by a specific population, click on the check box for the population you want to see; the report will then only include consumers that match the checked criteria. You can filter by more than one population group at a time.

For example, you can run the report for males who are ages 16-25 by clicking the male and the 16 – 25 age check boxes. To protect the privacy of consumers, any cell that contains less than 5 consumers will be suppressed (indicated with an S) when population filters are used.

I. Region

This allows you to filter the report by HHS region.

J. State

You can select any combination of states. The default is all states.

Note: The State and Region selection criterion are mutually exclusive, meaning you can make a selection from one or the other however not both. For example, if “1” is selected for region then a specific state, like “MD”, can’t be selected. If “All Regions” is selected then a specific state or any combination of states can be selected.

K. Program or Grant

This section lists the grants or programs for which you can run the report.

Step 3: View the Report

Click “View” to view the report.

Please note: The report will open in a new window.

SECTION C: REVIEWING THE REPORT

1

Services Outcome Measures (PBHCI Only)

Report By: Grant

Grant Status: Active grants only

FFY: 2013

FFY Quarter: 3rd Quarter

Assessment: From Baseline to 1st 6-Month Reassessment Interview

Data Collection Status: Assessments conducted in window only

Population(s): Gender – Male; Military Service Members, Veterans, or Families; Experienced trauma; Housing - Homeless only

Region(s): 1, 2, 3, 4, 5, 7, 8

State(s): AL, AR

Selected Grant(s): SM0001

Data entered as of: [Month, Time AM/PM time zone]

NOTES:

1. Note, only selected programs/grants that have PBHCI Outcome Measure data will be displayed.

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Services Outcome Measures (PBHCI ONLY)

GRANT= [Grant ID]

Section H Indicator	Number of Valid Cases	At-risk at Baseline	At-risk at Second Interview	Outcome Improved	No longer at -risk	Outcome Remained at-risk
Blood Pressure - Systolic	n	%	%	%	%	%
Blood Pressure - Diastolic	n	%	%	%	%	%
Blood Pressure - Combined	n	%	%	%	%	%
BMI	n	%	%	%	%	%
Waist Circumference	n	%	%	%	%	%
Breath CO	n	%	%	%	%	%
Plasma Glucose (fasting)	n	%	%	%	%	%
HgbA1c	n	%	%	%	%	%
HDL Cholesterol	n	%	%	%	%	%
LDL Cholesterol	n	%	%	%	%	%
Tri-glycerides	n	%	%	%	%	%

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SECTION D: USING THE REPORT

What information does the Outcome Measures Report for PBHCI show?

Reading the report from left to right, the report shows:

- The Section H Indicator
- The Number of Valid Cases (for which data are available at both assessments being compared)
- The percentage that were at-risk at the Baseline interview
- The percentage that were at-risk at the second interview
- The percentage with an improved outcome
- The percentage no longer at-risk (between the Baseline and the second interview)
- The percentage that remained at-risk

THINGS TO REMEMBER / FREQUENTLY ASKED QUESTIONS

- If you do not change any criteria and simply click view, the report will be run with the following default filters: All Combined, Active Grants only, All Years Combined, All quarters, Baseline to 1st 6-month Reassessment Interview, Assessments conducted in window only, All Regions/States, and All Programs/Grants (based on your access).
- With the exception of blood pressure, it is important to note that “Outcome Improved” is *any* improvement from Baseline to Second Interview. Therefore, it is possible for the consumer to remain “at-risk” at both interview points and still show improvement.
 - For the systolic or the diastolic blood pressure categories, the value must drop by at least 16 points to be considered “outcome improved”.
 - For the blood pressure combined category, at least one of the BP values must drop by at least 16 points, and the other BP value cannot increase at all, to be considered “outcome improved”.
- “At-risk at Baseline” and “At-risk at Second Interview” cases are unrelated and are not necessarily the same consumers. Each column represents the percentage of the number of valid consumers that were at-risk at that interview.
- If you select “from Baseline to Most Recent Interview” under the filter, Assessment, data will show for the most recent record with Section H data. For example: If there is a discharge entered with no Section H data, the report may show data for a previous reassessment record that has Section H data provided.
- If your user account was just created, you may not have access to this report for up to 36 hours.

ACCESSING HELP

For technical support or questions about TRAC, please contact the TRAC Help Desk, located at Westat.

Telephone: 1-888-219-0238

Email: TRACHELP@westat.com

Hours: M-F 8:30 AM – 7:00 PM (EST/EDT)

APPENDIX A: TECHNICAL DETAILS

The table below describes the items that appear on the report in more detail.

Table of Criteria

1. Blood Pressure – Systolic

Number of Valid Cases	At-risk Definition	Not At-risk Definition
The following response must have a valid value. <u>BPressure_s</u> Valid values: 11-320 (mmHg)	The following must occur (values must also be valid, unless otherwise noted): BPressure_s >= 130	The following must occur (values must also be valid, unless otherwise noted): BPressure_s < 130

2. Blood Pressure – Diastolic

Number of Valid Cases	At-risk Definition	Not At-risk Definition
The following response must have a valid value. <u>BPressure_d</u> Valid values: 11-200 (mmHg)	The following must occur (values must also be valid, unless otherwise noted): BPressure_d >= 85	The following must occur (values must also be valid, unless otherwise noted): BPressure_d < 85

3. Blood Pressure – Combined

Number of Valid Cases	At-risk Definition	Not At-risk Definition
Both responses [BPressure_s, BPressure_d] must have a valid value. <u>BPressure_s</u> Valid values: 11-320 (mmHg) <u>BPressure_d</u> Valid values: 11-200 (mmHg)	The following must occur (values must also be valid, unless otherwise noted): BPressure_s >= 130 OR BPressure_d >= 85.	The following must occur (values must also be valid, unless otherwise noted): BPressure_s < 130 AND BPressure_d < 85.

4. BMI

Number of Valid Cases	At-risk Definition	Not At-risk Definition
Both responses must have a valid value. <u>Weight</u> Valid values: 11-455 (kg) <u>Height</u> Valid values: 110-250 (cm)	The following must occur (values must also be valid, unless otherwise noted): BMI ≥ 25 BMI = Weight / (Height / 100) ²	The following must occur (values must also be valid, unless otherwise noted): BMI < 25 BMI = Weight / (Height / 100) ²

5. Waist Circumference

Number of Valid Cases	At-risk Definition	Not At-risk Definition
The following response must have a valid value. <u>WaistCircum</u> Valid values: 11-200 (cm)	The following must occur (values must also be valid, unless otherwise noted): If Gender = Male, WaistCircum > 102. If Gender \neq Male, WaistCircum > 88.	The following must occur (values must also be valid, unless otherwise noted): If Gender = Male, WaistCircum \leq 102. If Gender \neq Male, WaistCircum \leq 88.

6. Breath CO

Number of Valid Cases	At-risk Definition	Not At-risk Definition
The following response must have a valid value. <u>BreathCO</u> Valid values: 0-300 (ppm)	The following must occur (values must also be valid, unless otherwise noted): BreathCO ≥ 10	The following must occur (values must also be valid, unless otherwise noted): BreathCO < 10

7. Plasma Glucose (fasting)

Number of Valid Cases	At-risk Definition	Not At-risk Definition
Both must occur: 1. The following response must have a valid value. <u>Plasma_Gluc</u> Valid values: 1-1500 (mg/dL) 2. Patient successfully fasted for least 8 hours prior to providing the blood sample [EightHour_Fast = 1].	The following must occur (values must also be valid, unless otherwise noted): Plasma_Gluc ≥ 100	The following must occur (values must also be valid, unless otherwise noted): Plasma_Gluc < 100

8. HgbA1c

Number of Valid Cases	At-risk Definition	Not At-risk Definition
The following response must have a valid value. <u>HgbA1c</u> Valid values: 0.1-25.0 (%)	The following must occur (values must also be valid, unless otherwise noted): HgbA1c >= 5.7	The following must occur (values must also be valid, unless otherwise noted): HgbA1c < 5.7

9. HDL Cholesterol

Number of Valid Cases	At-risk Definition	Not At-risk Definition
The following response must have a valid value. <u>Lipid_HDL</u> Valid values: 1-150 (mg/dL)	The following must occur (values must also be valid, unless otherwise noted): Lipid_HDL < 40	The following must occur (values must also be valid, unless otherwise noted): Lipid_HDL >= 40

10. LDL Cholesterol

Number of Valid Cases	At-risk Definition	Not At-risk Definition
The following response must have a valid value. <u>Lipid_LDL</u> Valid values: 1-300 (mg/dL)	The following must occur (values must also be valid, unless otherwise noted): Lipid_LDL >= 130	The following must occur (values must also be valid, unless otherwise noted): Lipid_LDL < 130

11. Triglycerides

Number of Valid Cases	At-risk Definition	Not At-risk Definition
The following response must have a valid value. <u>Lipid_Tri</u> Valid values: 1-999 (mg/dL)	The following must occur (values must also be valid, unless otherwise noted): Lipid_Tri >= 150	The following must occur (values must also be valid, unless otherwise noted): Lipid_Tri < 150

APPENDIX B: DEFINITIONS

Number of Valid Cases are the cases for which consumers' response codes are valid (*see section: Table of Criteria*) in both Baseline and Second Interview for the questions used to determine the measure. The case is not considered valid if the response is "Not applicable", "Not asked on previous NOMs tool", "Don't know", "Refused" or "Missing". The number of cases used to calculate each of the measures may differ depending on missing/non-response data and criteria selected in the criteria selection screen.

Baseline is the starting point in measuring the outcome between the two interview points.

Second Interview can be the 1st 6-Month Reassessment, Most Recent Interview or the Discharge. This is the end point in measuring the outcome between two interview points. An interview must have been conducted for the selected interview in order to be counted in this report.

At-risk at Baseline equals the number of at-risk responses provided at Baseline divided by the number of valid cases, and then multiplied by 100 to calculate the percentage.

At-risk at Second Interview equals the number of at-risk responses provided at Second Interview divided by the number of valid cases, and then multiplied by 100 to calculate the percentage.

Outcome Improved equals the number of valid cases that improved from Baseline to Second interview, divided by the number of valid cases and multiplied by 100 to calculate the percentage. *Outcome Improved* is any improvement from Baseline to Second Interview. Therefore, it is possible for the consumer to remain "at-risk" – or remain "not at-risk" – at both interview points.

NOTE 1: For the systolic or the diastolic blood pressure categories, BP must drop by at least 16 points to be considered outcome improved.

NOTE 2: For the blood pressure combined category, at least one of the BP values must drop by at least 16 points, and the other BP value cannot increase, to be considered outcome improved.

No Longer At-risk equals the number of cases that met the defined criteria of at-risk at Baseline and met the defined criteria of not at-risk at Second Interview, divided by the number of valid cases and multiplied by 100 to calculate the percentage. This percentage represents cases that were at risk at baseline and are no longer at risk at the second interview, however, keep in mind new consumers could have come in, been discharged, etc.

Outcome Remained At-risk equals the number of cases that met the defined criteria of at-risk at Baseline and at Second Interview, divided by the number of valid cases and multiplied by 100 to calculate the percentage. This percentage represents cases that were at risk at baseline and stayed at risk at second interview. Keep in mind, consumers could have improved during this timeframe but by definition are still "at-risk".